FROM : RINGGOLD MUTUAL/SHAFER INSURAN FAX NO. : 641 464 2666

Jan. 04 2008 03:19PM P2

LA ETHICS AND

File with:
lowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Jowa 50319
East 515 28 4077



Des Moines, lowa 50319 Fax: 515-281-4073		s, see back of form BUMMARY PAGE	2	2008 JAN -4 PM 3
COMMITTEE NAME (Must be	same as on Statement of Organ			
	end to Educate		FORM	
(1)Statewide/Legislative/Judge : (4)County Central Committee ()	of committee you are reporting for: Standing for Retention Candidate (2) > County Candidate (6) City Candidaty PAC (9) City PAC (10) School Bo	State PAC (3) State Party	(Rev. 07	(2007) REPORT
CANDIDATE COMMITTEES Candidate Name	ONLY:	Political Party (if applicable)	Logged in	1
Office Sought		District (if Senate or House)	Audited _	,
GNATURE OF PERSON FILE		TELEPHONE TELEPHONE TELEPHONE TELECTION		4-08 DATE SIGNED
(re	port date)	Indicate by	4 3	ION TEAR.
CHECK IF AMENDMENT T	O REPORT DATED		Local Committees,	enter Date of Election
Check if this is final (termina (You must continue to	ation) report and attach Notice of E o file reports until a DR-3 is filed.)	Dissolution Form DR-3.	County & Local Co which Election is h	mmittees, enter County in eld
STATEM	ENT OF CASH ON HAND			
committee. This amo	ing of the reporting period. (Total runt MUST be the same as the car eriod or must be zero if this is firet	sh on hand at the end	s	831.04
ADD TOTAL MONEY	TAKEN IN THIS PERIOD			20.00
Schedule A: Cash Co	ontributions total (Attach Schedule	A) (*also see in-kind below)		20.
Schedule F; Loans R	eceived total (Attach Schedule F)	***************************************	······	
Schedule H: Total Sa	les of Campaign Property (Attach	Schedule H)		_ 0 -
(Schedule H	applies to Candidates' Commit	tees Only) SUB-TOTAL		851.04
SUBTRACT TOTAL	MONEY SPENT THIS PERIOD	SOB-I O I AL		
	tures total (Attach Schedule B) (**	'also coo debte and loans helow'		851.04
	payments total (Attach Schedule)	•		- 0
	this reporting period (if final report	,		_ 0 -
	ule D - Attach Schedule D)			~ • ~
	rom Schedule E - Attach Schedul			-0-
	m Schedule F - Attach Schedule			~ • ~
DNSULTANT BREAKDOWN		· /		× NO
ANDIDATE COMMITTEES O	•			
	ERTY (From Schedule H - Attach	Schedule H)	\$	- 0 -
	t a reconciled number of the second	•		

FROM : RINGGOLD MUTUAL/SHAFER INSURAN FAX NO. : 641 464 2666

Jan. 04 2008 03:21PM P4

	TIONS MONEY T	AKEN IN funds)	College Committee College	SCHEDULE (Rev. 07/03)	MONETAF RECEIP	RY TS
Votes	Cramized	to Dacte Or Kils		AME	CK THIS BOX NDING FORM	X IF
NUMBER AND T DISCLOSURE BUT NOTE: ANY PE RESPONSIBILI CAUTION: Se commercial pul	ATES ANOTE: IF A CONT HE PAC CHECK NUMBER I OARD. ERSON, OTHER THAN A TIES AND SHOULD IMM ection 68B.32A(6), prohi- rpose by any person oti	RIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE. N INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 THE MORE THAN \$750 THE BOARD. bits the use of information copied from reports and statement than statutory political committees.	O YOUR CAMPA	IGN MAY HAV	E FILING	N
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONS TO CANDIDA (if applicable	ATE* REC	EIVED	FUN FUN
9/26/07	ID# CK#	W. Asgo		\$ 20	- 1	NCC
	ID# CK#	0		70		
	CK#				1	_
	ID# CK#					
	ID# CK#					<u> </u>
	ID# CK#					
	ID#					
	ID#					
ı	(D#				- -	
	ID#					
			SUB-TOTAL			

Page _____ of ____

[&]quot;Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consangularly (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Jan. 04 2008 03:20PM P3

FOR	INSTR	UCTIONS,	SEE	RACK	OF.	FORM
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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTE	E NAME (Must be	same as on Statement of Organization)	0 V.	· · · · · · · · · · · · · · · · · · ·
DATE	CANDIDATE ID NUMBER (if applicable)	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
(MM/DD/YR)	AND PAC CHECK NUMBER	(Disbursement) WAS MADE		
11/1/01	CK#2014	Mhay Rosone Nous 70 Box 3 46 Mt. Ayr. IA 50854	Advertising on'	\$408.10
11/1/	ID#	G.O. Rolis, suc	10.070	
16/07	CK#2015	7029 426 Craito , As 50801	Ladio	425,00
2/10/07	ID#	Mt-Ayr Comm. School Pist 1001 E. Columbus	Bird coshier check	
#5050 E	6548	Mt. Ayr. La 50154	and his he to sale	17.94
	ID#		7.50	
	CK#			
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	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	'

TM	IX PUIT	ADDI ICC	てん こくがいり	DATES' CO	 A 4444 A

Purchases of certain campaign property costing \$500 or more must also be inventoriad on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

Page	/	of	
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